

1. CAUSES of valvular heart disease , which is true:

- A. congenital. ✓
- B. rheumatic heart disease. ✓
- C. degenerative. ✓
- D. collagen diseases. ✓
- E. all of the above .

2. Auscultatory findings in mitral stenosis include all of the following except:

- A. mid diastolic murmur. *Mid diastolic*
- B. presystolic accentuation. *↑ S2*
- C. opening snap. *↑ S4*
- D. the murmur has rumbling character.
- E. presystolic accentuation increased with AF

3. indications for aortic valve replacement in aortic stenosis , include all of the following except:

- A. severe symptoms, despite treatment. ✓
- B. patient ,going for CABG, with moderate AOS. ✓
- C. pressure gradient > 70 mmhg. ✓
- D. aortic valve area < 0.8 cm.
- E. left ventricular hypertrophy.

4. the most common cause of mitral regurge is :

- A. Rheumatic heart disease.
- B. Ischemic.
- C. Congenital (mitral valve prolapse).
- D. Inflammatory.
- E. Degenerative.

5. Irregular wide complex tachycardia , include all of the following , except:

- A. AF, with LBBB.
- B. AF , with RBBB.
- C. ventricular tachycardia. *reg.*
- D. AF, with aberrant conduction.
- E, AF, with WPW syndrome.

6. 70 years old male patient , presented to the emergency department, with palpitations, dyspnea, dizziness, BP 60/30 MMHG, his ECG , showed fast atrial fibrillation, the treatment of choice is:

- A. amiodarone IV.
- B. verapamil.
- C. DC SHOCK non SYNCHRONIZED.
- D. DC SHOCK, SYNCHRONIZED.
- E. digoxin IV.

7. all of the followings , considered as primary basic rhythms in sudden cardiac death , except:

- A. asystole.
- B. Pulsless electrical activity .
- C. Pulsless AF.
- D. VF .
- E. PULSLESS VT.

8. signs of successful streptokinase therapy, include:

- a. Relief of chest pain. ✓
- b. ST segment regression. >50% with 2hr
- c. Reperfusion arrhythmia.
- d. Early peak of cardiac enzymes.
- e. All of the above. ✓

9. The least sensitive cardiac enzyme , is:

- A. CK(MB).
- B. LDH.
- C. TPOPONIN.
- D. MYOGLOBIN.
- E. AST.

10. IN the management of acute coronary syndrome, all of the following drugs, considered evidence based class A, except:

- A. aspirin.
- B. b. blockers.
- C. clopidogrel.
- D. ca channel blockers.
- E. streptokinase , in ST elevation MI.

11. Unstable angina , include all of the following , except:

- A. angina de novo. ✓
- B. crescendo angina. ✓
- C. angina at rest. ✓
- D. effort angina.
- E. post MI angina. ✓

12. Wich of the following drugs, associated with prolongation of the Q-T interval :

- A. Gentamycin.
- B. Digoxin.
- C. Erythromycin. ✓
- D. Cefalexin.
- E. amoxicillin.

13. apex beat , in aortic stenosis , is:

- A. diffuse, in 5th, 5th intercostals space, .
- B. localized, shifted out ward , weak, .
- C. localized, shifted downward, forceful.
- D. ~~diffuse~~. Shifted, downward, out~~ward~~.
- E. localized, in 5th intercostal space, sustained.

14. All the following are features of Aortic regurg except:

- A. Head nodding. *De muscellis.*
- B. Pistol shot. *Palat.*
- C. paradoxical pulse *massive PE* ~~X~~
- D. Corrigan pulse.
- E. Hills sign.

*Mulle's
Car
water hammer
Quincke's
Pistol shot
Hills
Double dorsalis.*

15. Cardiomyopathies, include the following diseases , except;

- A. dilated cardiomyopathy. ✓
- B. hypertrophic cardiomyopathy. ✓
- C. constrictive cardiomyopathy.
- D. Right ventricular dysplasia.
- E. Restrictive cardiomyopathy. ✓

16. 78 years old male patient presented to ER c/o dizziness, recurrent syncopal attacks. His ECG showed regular bradycardia , HR 30 bpm, complete AV dissociation. This patient physical signs, include all of the following except:

3rd degree supran.

- A. wide pulse pressure.
- B. Cannon a wave.
- C. Slow regular pulse.
- D. Ejection systolic murmur over aortic area.
- E. Giant a wave

17. 75 years old male patient, diagnosed to have severe aortic stenosis, with peak pressure gradient 80 mmhg, mean PG 40 mmhg, which of the following symptoms has bad prognostic value , and carries the highest risk for death:

*chest pain 5 year
syncope 2 year
dyspnea 2 year
[angina]*

- A. chest pain.
- B. Syncopal attack.
- C. Dyspnea. ✓
- D. Palpitations.
- E. General weakness.

18. a 65 years old male patient, heavy smoker, known to have COPD, cor pulmonale , and right sided heart failure, and he was maintained on optimal medical therapy, his ECG finding could include :

- A. right axis deviation. ✓
- B. Right ventricular hypertrophy. ✓
- C. RBBB. ✓
- D. Atrial extrasystoles, and atrial tachycardia.
- E. All of the above.

19. a 50 years old female patient, diabetic for 15 years, admitted to ICCU with retrosternal chest pain, sweating, her 12 leads ECG, showed anteroseptal STEMI, 2 hours later the patient started to c/o dyspnea, orthopnea, by auscultation her lung fields were full of crepitations bilaterally BP 120/75 mmhg, this patient diagnosis and management is:

- A. left ventricular failure, killip class II, furosemide, O₂, bisoprolol.
- B. LVF, killip class III, dopamine IV.
- C. LVF, killip class III, furosemide, O₂, morphine, enalapril.
- D. Rupture free wall, urgent surgery.
- E. Cardiogenic shock, intraaortic balloon.

20. a 55 years old male patient, with H/O long standing DM, admitted with burning retrosternal chest pain, profuse sweating, vomiting. his ECG: ST elevation in leads II, III, AVF, tall R wave and ST depression in leads V1, V2. all of the following are expected specific complications for this localization myocardial infarction except:

- A. RV infarction.
- B. Complete heart block.
- C. Rupture papillary muscle.
- D. Pericarditis.
- E. Hypovolemic hypotension.

21. a 30 years old male, smoker, known to have RhHD, mitral valve disease, presented to ED, C/O palpitations, started 20 days ago, his ECG showed AF, with fast HR, BP 120/80 mmhg. The correct diagnosis and management for this patient is:

- A. paroxysmal AF, verapamil 5mg IV
- B. persistent AF, rate and rhythm control by digoxin and amiodarone.
- C. Persistent AF, verapamil IV, warfarine for one year.
- D. Persistent AF, rate control, warfarine for 3 weeks, Echo Doppler and TEE, then cardioversion.
- E. No treatment.

22. a 50 years old male patient, known to have HTN, DM, dyslipidemia, admitted to iccu with unstable angina, associated with ST depression in inferolateral leads, he has 5 anginal episodes during 24 hours, despite antianginal treatment, TroponinT test negative, the patient was on antihypertensive treatment and aspirin last month, no H/O coronary angiography before, this patient TIMI risk score is:

- A. I
- B. II
- C. IV
- D. VII
- E. VIII

23. a 26 years old female patient, C/O effort dyspnea, palpitations for few months, her ECG: AF.

Echo Doppler: severe MS, mitral valve area 0.9cm, left atrium 5.0 cm, this patient Auscultatory findings include all of the following except:

- A. accentuated first heart sound.
- B. Variable intensity of S1.
- C. Opening snap.
- D. Irregular irregularity.
- E. Rumbling mid diastolic murmur, with presystolic accentuation.

24.a. 65 years old male patient, admitted to ED, with syncopal attack, palpitation, by exam, patient is confused, sweaty, BP 70/40 mmhg, his ECG : wide complex regular tachycardia, with HR 200 bpm, the appropriate management for this pt is :

- A. verapamil IV.
- B. DC shock 200 j, synchronized.
- C. DC shock 50 j asynchronized.
- D. amiodarone IV.
- E. lidocaine IV.

25.a. 38 years old female patient, presented few weeks after delivery C/O dyspnea, orthopnea, PND, her ECG : AF, LVH. Chest XRAY cardiomegaly and congestion. ECHO Doppler : dilated LV, LA, global hypokinesia, EF 35 %, grade III MR, moderate TR. The patient diagnosis, and appropriate treatment is : DM

- ✗ A. idiopathic cardiomyopathy, furosemide, B blockers.
- ✓ B. peripartium CMP, furosemide, aldactone, ramipril, Metoprolol, warfarine.
- C. peripartium CMP, furosemide, aldactone, digoxin, diltiazem.
- ✗ D. severe MR, mitral valve replacement.
- ✗ E. post carditis CMP, antibiotics, NSAIDS, prednisone.

26. Life threatening cause of chest pain:

- a. Effort angina.
- b. Pericarditis.
- c. Costochondritis.
- d. Esophageal rupture. ✓
- e. Mitral valve prolapse.

27. In a patient, admitted to emergency room, with wide complex, regular tachycardia, his differential diagnosis, include all of the followings, except:

- a. SVT, with LBBB.
- b. VT.
- c. SVT, with RBBB.
- d. SVT, with antidromic conduction.
- e. AF, with LBBB. Irregular

28. Pulse check in cardiac arrest should be performed

- a. Before every cycle.
- b. After every cycle.
- c. Before every DC shock.
- d. Before 2d DC shock.
- e. Non of the above.

29. In a patient presenting with VF, energy level in biphasic DC . SHOCK, SHOULD BE

- a. 100 J .
- b. 150J.
- c. 200J.
- d. 300J.
- e. 350J.

30. compression to respiration ratio during CPR should be:

- a. 15:2.
- b. 20:2.
- c. 2:1.
- d. Breath every 8 second.
- e. Respiration has been removed from the algorithm of CPR.

31. 70 years old female patient , admitted to ICCU, with acute anteroseptal MI of one hour duration, which of the following conditions is considered as absolute contraindication for streptokinase administration.:

- a. High BP .
- b. Active peptic ulcer disease.
- c. Prolonged CPR.
- d. Surgery one year ago.
- e. Brain hemorrhage 6 months ago.

32. IN A PATIENT , WITH ACUTE CORONARY SYNDROME , AND HYPOTENSION, FIRST AID INCLUDE ALL OF THE FOLLOWINGS , EXEPT

- a. OXYGEN.
- b. NTG SUBLINGUAL.
- c. ASPIRIN 300 MG SHEWABLE.
- d. SEDATION.
- e. TREATMENT OF DYSRHYTHMIA, IF OCCURED.

33. IV SODIUM NITROPRUSIDE CAN BE GIVEN IN WICH PT:

- a. Asymptomatic PT, with BP 230/120.
- b. Newly discovered HTN , with BP 180 /100.
- c. PT, presenting with chest pain ,back pain , diastolic murmur , and BP 230 /130 .
- d. Pt , with recent elevation of BP 190/110.
- e. Elderly patient, with chronic renal failure and BP 200/100.

34 . MANAGEMENT OF ACUTE CARDIOGENIC LVF, INCLUDE ALL , EXEPT:

- a) Frusemide IV.
- B) morphine IV.
- c) oxygen..
- d) verapamil IV.
- e) urinary catheter.

35. a 75 years old male patient , known to have IHD, ischemic cardiomyopathy, presented with palpitation , dizziness , dyspnea , profuse sweating , his 12 leads ECG –wide complex regular tachycardia , HR 220 bpm , BP 70/30 , the best management is

- a) Verapamil IV.
- b) DC shock 200J asynchronized.
- c) DC shock 200 J synchronized.
- d) Amiodarone IV.
- e) Lidocaine IV.

36. A 65 years old male patient presents to the emergency room with epigastric pain associated with nausea and vomiting , found to be hypotensive . what is the first investigation to be done: MI

- a. Random blood sugar.
- b. Serum amylase.
- c. ECG. ✓
- d. Abdominal ultrasound.
- e. Abdominal X ray.

37. All of the following are considered as mechanical complication of myocardial infarction , except:

- a. Rupture papillary muscle.
- b. Rupture septum.
- c. Pseudoaneurysm.
- d. True aneurysm.
- e. Rupture free wall.(tamponade).

38. 30 years old male patient , admitted with chest pain , worse on lying flat ,he claims that he has had flu like illness 2 weeks ago , by auscultation he has friction rub . which one of the following ECG changes is most characteristic for this disorder:

- a. ST segment depression.
- b. PR prolongation.
- c. PR depression.
- d. Peaked , tall T wave.
- e. Prominent U wave.

39. The most specific sign for cardiac tamponade by EchoDoppler is:

- a. Significant amount.
- b. Posterior localization.
- c. Collapse of the right atrium.
- d. Collapse of the right ventricle.
- e. Anterior localization.

40. 76 years old male patient , admitted to emergency room , with retrosternal burning chest pain , sweating , vomiting , his 12 leads ECG revealed ST segment elevation in leads V1-V4, which of the following is the most accurate diagnosis, and which coronary artery ,is occluded.:

- a. Acute non ST elevation anteroseptal MI , LAD IS occluded.
- b. Acute inferior MI , right coronary artery.
- c. Acute inferior ST elevation MI , LAD.
- d. Acute anteroseptal ST elevation MI , LAD, is occluded.**
- e. Acute pulmonary embolism.

41. 70 years old female patient , admitted to ICCU , with acute anteroseptal MI of one hour duration, which of the following conditions is considered as absolute contraindication for streptokinase administration.:

- a. pericarditis .
- b. Active peptic ulcer disease.
- c. Prolonged CPR.
- d. Surgery one year ago.
- e. Active GI bleeding.**

42. Which of the following is not a life threatening cause of chest pain.

- a. Acute MI.
- b. Dissecting aortic aneurysm.
- c. Pulmonary embolism.
- d. Pericarditis.**
- e. Tension pneumothorax.

43. Primary angiography should be performed in acute STEMI , within:

- a. one hour
- b. 3 hours
- c. 90 min.**
- d. 24 hours.
- e. 2 days.

44. one of the following, considered sign of left ventricular hypertrophy on ECG

- a. Q wave in inferior leads.
- b. Wide QRS complex.
- c. Negative T wave in leads II and III.
- d. R wave in lead V5 >25 mm.**
- e. R wave in lead Avl < 13mm.

45. during preparation of the patient for primary angiography , all of the following should be given, except:

- a. Aspirin 300mg .
- b. streptokinase.
- c. Clopedogrel 600 mg.
- d. Clexane 1 mg per KG.
- e. morphin.

46. optimal medical therapy in congestive heart failure, include all of the following , except

- a. frusemide.
- b. B blockers.
- c. captopril.
- d. aspirin.
- e. aldactone.

47. SAM in HOCM, IS CAUSED BY:

- a. 2dry to chamber dilatation.
- B. ischemia.
- C. venturi effect.
- D asymmetrical LVH.
- E. ALL OF THE ABOVE.

48. WHICH SIGN ,IS NOT CONSEDERED A SIGN OF RIGHT SIDED HESRT FAILURE.

- A. hepatomegaly.
- b. congested neck veins.
- c. dyspnea.
- d. lower limbs edema.
- e. ascitis.

49. signs of successful streptokinase therapy, include all , except.

- a. relief of chest pain.
- b. regression of ST segment.
- c. absence of Q wave on ECG .
- d. reperfusion arrhythmia.
- e. early peak of cardiac biomarkers

50 .SIGNS OF DCM by Echo Doppler include all of the following , except .

- a. dilate 4 chambers.
- B.MR.
- C. TR.
- D. EXCENTRIC LVH.
- E.PULMONARY REGURGE.

Answers

1.e
2.e
3.e
4.c
5.c
6.d
7.C
8.e
9.b
10.d
11.d
12.c
13.c
14.c
15.c
16.e
17.c
18.e
19.c
20.d
21.d
22.c
23.e
24.b
25.b
26.d
27.e
28.d
29.C
30.d
31.e
32.b
33.c
34.d
35.c
36.c
37.d
38.c
39.d
40.d
41.e
42.d
43.c
44.d
45.b
46.d
47.c

48.c
49.C
50.e